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| <input type="checkbox"/> Notice of Filing<br><input type="checkbox"/> Cross Appeal<br><input type="checkbox"/> Interlocutory Appeal<br><input type="checkbox"/> Additional NOA<br><input type="checkbox"/> Amended NOA<br><input type="checkbox"/> Transmittal of Record<br><input type="checkbox"/> Transmittal of Certif.<br><input type="checkbox"/> Supplement to ROA<br><input type="checkbox"/> Supplemental Certif.<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> _____ | UNITED STATES DISTRICT COURT<br>for the<br>_____ DISTRICT OF _____<br>at _____<br>Caption: | District Court No.: _____<br><br>4CCA No.: _____<br><br>Consolidated with No.: _____<br><br>Case Manager: _____ |
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**Part I**

Notice of appeal is enclosed to all parties (except to appellant in civil cases); NOA, docket entries, district court opinion and order, and magistrate judge's recommendation (if applicable) are enclosed to 4CCA.

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| 1. NOA filed:                | 4. Fees<br>_____ USA no fee required<br>\$5 filing fee: _____ paid _____ unpaid<br>\$450 docket fee: _____ paid _____ unpaid<br>Pauper status: _____ granted _____ denied _____ pending in dist.ct.<br>Does PLRA Apply? _____ Yes _____ No    3-strikes? _____ Yes _____ No<br>[If PLRA applies, 4CCA sends forms & acts on application] |
| 2. Amended NOA filed:        |  |
| 3. District Judge:           | 5. Materials Under Seal in District Court: _____ Yes _____ No<br><br>Party Names Under Seal in District Court: _____ Yes _____ No  |
| 6. Official Ct. Reporter(s): | 7. Transcript  |
| Contract Court Reporter:     | In-Court Hearing Held: _____ Yes _____ No  |
| Coordinator:                 | 8. Criminal/Prisoner Cases<br><br>_____ recalcitrant witness      Defendant's Address:<br>_____ on death row<br>_____ in custody<br>_____ on bond<br>_____ on probation  |

**Part II**

## TRANSMITTAL OF RECORD TO COURT OF APPEALS

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| ORIGINAL RECORD<br><br>Pleadings: Vols. _____<br><br>Transcript: Vols. _____<br><br>Exhibits: Vols. _____<br><br>Depositions: Vols. _____<br><br>State Ct. Record: Vols. _____<br><br>Sealed: Vols. _____<br><br>No. of Boxes: _____ | SUPPLEMENT TO RECORD - SUPPLEMENT # _____<br><br>Pleadings: Vols. _____<br><br>Transcript: Vols. _____<br><br>Exhibits: Vols. _____<br><br>Depositions: Vols. _____<br><br>State Ct. Record: Vols. _____<br><br>Sealed: Vols. _____<br><br>No. of Boxes: _____ |
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Deputy Clerk: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_